

**CANDIDATE OATH**  
**STATE AND LOCAL PARTISAN OFFICE**  
**WITH PARTY AFFILIATION**

2024 JUN 10 PM 12:02

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot:

Karen Barber

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of

Superintendent of Schools

(Office)

(District #)

I am a qualified elector of Santa Rosa County, Florida;  
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Party**

I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do

NO, I Do Not

X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Karen N. Barber

Signature of Candidate

(850) 232-8231

Telephone Number

drkarenbarber@gmail.com

Email Address

5272 Crystal Creek Dr. Pace

Address of Legal Residence

City

FL

State

32571

ZIP Code

STATE OF FLORIDA

COUNTY OF

Santa Rosa

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒

this 29 day of May, 2024.

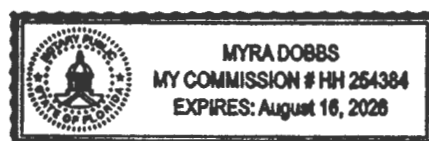
Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: —

Myra Dobbs

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



**Phonetic spelling for the audio ballot** (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

~~SECRET~~ KERAN BAHRBURK

**Pursuant to Section 99.021(1)(d), F.S.**, each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

[illegible]

My legal name is \_\_\_\_\_. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is \_\_\_\_\_. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

**Signature of Candidate :** \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

**Signature of Notary Public**

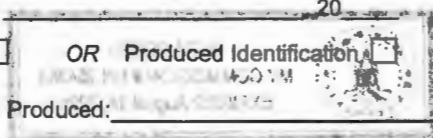
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means  
of online notarization ☐ OR physical presence ☐

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_



Ashley Lukis  
*Chair*  
Michelle Anchors  
*Vice Chair*  
William P. Cervone  
Tina Descovich  
Freddie Figgers  
Luis M. Fusté  
Wengay M. Newton, Sr.  
Jim Waldman



State of Florida  
**COMMISSION ON ETHICS**  
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Tallahassee, Florida 32317-5709

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*Executive Director*

Steven J. Zuilkowski  
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Building E, Suite 200  
Tallahassee, Florida 32303

2024 JUN 10 9:12:02

*"A Public Office is a Public Trust"*

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**VERIFICATION AND RECEIPT OF SUBMISSION  
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Dr Karen Barber  
Filer PID #: 250842

Date Filed: 6/1/2024  
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests  
Filing ID: 957618

Receipt Print Date: 6/1/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

Incumbent's Financial Disclosure Forms  
are available on the Commission on Ethics's  
website.

<https://disclosure.floridaethics.gov/PublicSearch/Filings>